# U.S. Department of Labor Employment Standards Administration Office of Labor-Management Standards Washington, DC 20210 FOR USE BY LABOR ORGANIZATIONS MITCH.

Form Approved Office of Management and Budget No. 1215-0188 Expires:11-30-2002

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

	READ THE IN	ISTRUCTION	S CAREFULLY BEFORE PREPARING TH	IIS REPORT.	
For Official Use Solv	1. FILE NUMBER	2. PERIOD	COVERED 3. (a) AN MO DAY YEAR	MENDED — If this is an amended report correcting a previously ed report, check here:	
3013-M2	0 3 3 - 8 4 2	From	0 7 0 1 2 0 0 1 (b) TE	ERMINAL — If your organization ceased to exist and this is its iminal report, see Section XII of the instructions and check here:	
E OLMS THE		Through	0 6 3 0 2 0 0 2 c) St	JBSIDIARY — If this is a report for a subsidiary organization of our union as defined in Section X of the instructions, check here:	
	•	•	8. MAILING ADDRESS		
			First Name		
			CRAIG		
			Last Name		
			BAYSTON		
			P.O. Box-Building and Room Number (if	any)	
4. AFFILIATION OR ORGANIZATION	NAME		Number and Street		
CARPENTERS IND				FTH AVENUE	<del></del>
5. DESIGNATION (Local, Lodge, etc.		N NUMBER			
LU	496		City		
7. UNIT NAME (if any)			KANKAKEE		
Are your organization's records key     (If "No," provide address in Item 56		No 🗌	State ZIP Code + 4 6 0 9 0 1 -		
56. ADDITIONAL INFORMATION					
Item Number				***	
					9
					, 6
					, 8
					•
Fach of the undersigned, duty authorized	officers of the above labor organization	n declares un	ler the applicable penalties of law, that all of the in	formation submitted in this report (including the information contained	
	en examined by the signatory and is, t			nformation submitted in this report (including the information contained t, and complete. (See Section VI on penalties in the instructions.)	
57. SIGNED:		PRESIDE	SO. GIGINED.	MUS BUSTON TREASURER	
9/26/02-(8	15)933-5041	(If othe see ins	title, 9/ 102-	(If other title, see instruction	ons.)
Date	Telephone Number		Date	Telephone Number	

10. 11.	Have a "subsidiary organization" as defined in Section X of the instructions?  Create or participate in the adminstration of a trust or other fund or organization, as defined in the instructions which provides benefits for	Yes	No X		How many members di organization have at the reporting period?  What is the maximum a recoverable under your fidelity bond for a loss of any officer or employee	amount organization's caused by		5	<u> </u>
	in the instructions, which provides benefits for members or their beneficiaries?		X		organization?	\$	5 0 0	0_	0
12.	Have a political action committee (PAC) fund?	X		21.	During the reporting pe organization have any constitution and bylaws	changes in its	·	es	No
13.	Acquire or dispose of any goods or property in any manner other than by purchase or sale?	X			rates of dues and fees) procedures listed in the (If the constitution and	or in practices/ instructions?	Γ	_	X
14.	Have an audit or review of its books and records by an outside accountant or by a parent body auditor/representative?	X		i	practices/ procedures I see the instructions.)	• .	MO	YEAR	
15.	Discover any loss or shortage of funds or other property?		X		What is the date of you next regular election of	f officers?		0 0	
	(Answer "Yes" even if there has been repayment or recovery.)			23.	What are your organized dues and fees? (Enter a minimum and				
16.	Have any officer who was paid \$10,000 or more by your organization and also received \$10,000 or				than one rate applies f				<u>.</u>
	more as an officer or employee of another labor organization or of an employee benefit plan?		X				ues and Fees		$\blacksquare$
17.	Pay any employee salary, allowances, and other expenses which, together with any payments	<b>I</b> ✓			(a) Regular Dues/Fees	\$per	MONTH (Month, Year,	etc.)	_
	from affiliates, totaled more than \$10,000?	X			(b) Initiation Fees	\$			
18.	Have loans totaling more than \$250 to any officer, employee, or member, or make any loans to a business enterprise?		$\boxtimes$		(c) Transfer Fees	\$N/A			
	he answer to any of the above questions is "Yes," provide of tem 56 as explained in the instructions for each item.)	details			(d) Work Permits	\$ per	N/A (Month, Year,	etc.)	

### 24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS

Enter Amounts in Dollars Only - Do Not Enter Cents

FILE NUMBER: 0 3 3 - 8 4 2

-	(A) Name (List all persons who held office during the reporting period of they received no salary or other disbursements. Use all cap	oital letters.)	Gross Salary (before taxes and	Allowances and Other	
	(B) Title (Enter title of officer, such as PRESIDENT or TREASURER	Status (C)*	other deductions) (D)	Disbursements (E)	Total (F)
	GLENN	JACK	5 4 6 8	4 4 3	5 9 1 1
1.	FINANCIAL SECRETARY	C			
2.	RAUEN	ROBERT	0	0	0
<b>~</b> .	PRESIDENT	С			
	MARTIN	CARL	2 5 8 4	4 6	2 6 3 0
3.	RECORDING SECRETARY	С			
4.	ROBINSON	KENNETH	1 7 8 4	0	1 7 8 4
4.	TREASURER	С			
5.	MCGRATH	ROBERT	0	2 3	2 3
J.	TRUSTEE	С			
6.	MOORE JR.	JOHN	0	0	0
٠.	TRUSTEE	С			
7.	CLARK	KENNETH	0	0	0
•	TRUSTEE	C			
8.	Totals from additional pages (if any)		0	0	0
9.	Totals of Lines 1 through 8		9836	5 1 2	10348
				10. Less Deductions	1 9 9 7
	The Total from Line 11 in		Item 45	11. Net Disbursements	8 3 5 1

3 - 3

	ASSETS Item	Start of Reporting Period (A)	End of Reporting Period LIABILITIES	Start of Reporting Period (C) End of Reporting Period (D)
ပ္သ	25. Cash	7 5 0 3 8	4 1 7 0 1 32. Accounts Pay	able 0 0
STATEMENT A ASSETS AND LIABILITIES	26. Loans Receivable	0	0 33. Loans Payable	0 0
IENT LIAB	27. U.S. Treasury Securities	0	0 34. Mortgages Pa	yable 0
ATEN	28. Investments	1 0 8 7 9 6	1 0 3 0 5 3 35. Other Liabilities	s 0 0
ST.	29. Fixed Assets	0	0 36. TOTAL LIABIL	ITIES
ASS	30. Other Assets	0	0	
	31. TOTAL ASSETS	1 8 3 8 3 4	1 4 4 7 5 4 37. NET ASSETS (Item 31 less Ite	

	CASH RECEIPTS	AMOUNT	CASH DISBURSEMENTS	AMOUNT
B	38. Dues		45. To Officers (from Item 24) 46. To Employees (less deductions) 47. Per Capita Tax 48. Office & Administrative Expense	8 3 5 1 4 6 9 3 2 8 4 1 7 1 2 8 6 9
STATEMENT B	42. Sale of Investments & Fixed Assets	7 3 0 5	49. Professional Fees	6 1 4 3 6 3 0
"	44. TOTAL RECEIPTS	1 1 4 6 1 3	51. Contributions, Gifts & Grants	5 7 6 3
RECEIP	If total receipts reported in Item 44	•	52. Purchase of Investments & Fixed Assets	6 2 7 3
	or more, your organization must fil instead of this form.	e Form LIVI-2	54. Other Disbursements	7 7 3 4 0

ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

24. ALL OFFICERS AND DISBURSEMENTS TO OFFICERS (continued)

(A) Name	(List all persons who held office during the reporting period even they received no salary or other disbursements. Use all capital I	letters.)	Gross Salary (before taxes and	Allowances and Other	
Title	(Enter title of officer, such as PRESIDENT or TREASURER.)	(C) Status *	other deductions) (D)	Disbursements (E)	Total (F)
SUTHERI	LAND	JOHN	0	0	0
VICE-PR	RESIDENT	С			
GRISE		JAMES	О	0	0
WARDEN		С			
LECUYER	R R	OBERT	0	0	0
CONDUCT	TOR	С			

ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

Item Number	
12	LOCAL 496 POLITICAL EDUCATION FUND. THIS FUND IS NOT REQUIRED TO FILE REPORTS WITH ANY STATE OR FEDERAL AGENCIES. THE FINANCIAL ACTIVITIES OF THIS FUND ARE REPORTED IN THIS LM-3 FILING.
	A CENSIES. THE TWO WORLE NOT THIS TOND AND THE CONTROL IN THIS ENTED IN THIS ENTED IN
orm LM-3 (Revis	l ed 2000) 2 - I56

ORGANIZATION NAME: CARPENTERS IND	
ENDING DATE OF PERIOD COVERED: 06/30/2002	

Item Number			 	
	UNREALIZED LOSS ON INVESTMENT	S HELD:		
	MUTUAL FUNDS	\$ (4,175)		
	CORPORATE BONDS	( 68)		
	TOTAL	\$ (4,243)		
1				
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}				
Form LM-3 (Revis	<u>L</u>	5 - 156	 	

CARPENTERS IND
OD COVERED:

Item Number	
	THOMAS HAVEY LLP
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1	
Form LM-3 (Revise	ad 2000) 3 - 156

ORGANIZATION NAME: CARPENTERS IND	FILE NUMBER:
ENDING DATE OF PERIOD COVERED: 06/30/2002	

item Number	
17	CRAIG BAYSTON - BUSINESS REPRESENTATIVE WAS PAID \$4,660 IN ALLOWANCES AND OTHER EXPENSES FROM LOCAL UNION NO. 496 AND WAS PAID \$82,817 FROM CHICAGO AND NORTHEAST ILLINOIS DISTRICT COUNCIL OF CARPENTERS.
1	

ORGANIZATION NAME: CARPENTERS IND	FILE NUMBER: 0 3 3 -	8 4 2
ENDING DATE OF PERIOD COVERED: 06/30/2002		

Item Number	
46	IT IS NOT PRACTICABLE TO MAKE A PRECISE DISTRIBUTION OF AUTOMOBILE OPERATING EXPENSES NOT PAID DIRECTLY TO
70	EMPLOYED HOWEVER AN ALLOCATION OF CHOLLEVERNESS HAS DEED ON THE ALL AVAILABLE INFORMATION. THE
	EMPLOYEES. HOWEVER, AN ALLOCATION OF SUCH EXPENSES HAS BEEN BASED ON ALL AVAILABLE INFORMATION. THE
	ALLOCATION SHOULD NOT NECESSARILY BE CONSIDERED AS THE ACTUAL BUSINESS USE OF AN AUTOMOBILE.
1	
}	
1	

ORGANIZATION NAME: CARPENTERS IND	FILE NUMBER: 0 3 3 -	8 4 2
ENDING DATE OF PERIOD COVERED: 06/30/2002		

#### 56. ADDITIONAL INFORMATION (continued)

Item Number	
	EFFECTIVE JANUARY 1, 2000, ALL CARPENTER LOCAL BUSINESS REPRESENTATIVES ARE EMPLOYED BY THE CHICAGO AND NORTHEAST ILLINOIS DISTRICT COUNCIL OF CARPENTERS (DISTRICT COUNCIL). THE LOCAL REIMBURSES THE DISTRICT COUNCIL FOR SALARIES, PAYROLL TAXES AND FRINGE BENEFITS. DURING THE YEAR ENDED JUNE 30, 2002, THE LOCAL REIMBURSED THE DISTRICT COUNCIL \$51,982 REPRESENTING EXPENSES PAID BY THE DISTRICT COUNCIL THROUGH DECEMBE 31, 2001. EFFECTIVE JANUARY 1, 2002, REIMBURSEMENTS ARE NO LONGER REQUIRED BY THE DISTRICT COUNCIL.

Form LM-3 (Revised 2000)